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HOUSE RESEARCH ORGANIZATION

daily floor report

Sunday, August 13, 2017
85th Legislature, First Called Session, Number 20
The House convenes at 7:45 p.m.

Two bills are on the daily calendar for second-reading consideration today:

SB 16 by L. Taylor	Creating a commission to study the public school finance system	1
SB 17 by Kolkhorst	Continuing the maternal mortality task force and expanding its duties	6

The House also is scheduled to consider three bills on third reading.



Dwayne Bohac
Chairman
85(1) - 20

SUBJECT: Creating a commission to study the public school finance system

COMMITTEE: Public Education — committee substitute recommended

VOTE: 9 ayes — Huberty, Allen, Bohac, Deshotel, Gooden, K. King, Koop, Meyer, VanDeaver

1 nay — Bernal

1 absent — Dutton

SENATE VOTE: On final passage, July 25 — 31-0

WITNESSES: No public hearing

DIGEST: CSSB 16 would create the Texas Commission on Public School Finance to develop and make recommendations for improvements to the school finance system or for new methods of financing public schools. The commission would be composed of 15 members, with five members each appointed by the governor, lieutenant governor, and speaker of the House. The governor would designate the presiding officer of the commission.

Membership. The members appointed by the governor would have to have a background in public education and include:

- a public school system administrator;
- a person with a substantive background in state and local taxation;
- a member of the business community; and
- a member of the civic community.

The members appointed by the lieutenant governor and House speaker each would have to consist of:

- three members of the applicable legislative chamber, including the presiding officer of the standing committee of each chamber with jurisdiction over public education or a representative designated by the presiding officer;

- an administrator in the public school system or an elected member of a school district board of trustees; and
- a current or retired classroom teacher with at least 10 years of teaching experience, provided that one of them specialized or had specialized in special education, bilingual education, or career and technology education.

In making their appointments, the governor, lieutenant governor, and House speaker would coordinate to ensure that the commission membership reflected, to the extent possible, the ethnic and geographic diversity of Texas. The appointments would be made no later than 30 days after the bill took effect.

A commission member would not receive compensation for service but would be entitled to reimbursement for actual and necessary expenses incurred in performing commission duties. Staff of the Texas Education Agency (TEA) would provide administrative support for the commission. Funding for administrative and operational expenses would be provided by an appropriation to TEA for that purpose.

Recommendations. The commission would develop recommendations to address issues related to the school finance system, including:

- the purpose of the system and the relationship between state and local funding;
- the appropriate levels of local maintenance and operations and interest and sinking fund tax effort necessary to implement a school finance system that complied with requirements under the Texas Constitution; and
- policy changes to the finance system necessary to adjust for student demographics and geographic diversity.

The commission could establish one or more working groups that included up to five commission members to study, discuss, and address specific policy issues and recommendations to refer to the commission. The commission would be subject to state open meetings and public information requirements.

By December 31, 2018, the commission would be required to deliver a report to the governor and Legislature that recommended statutory changes to improve the school finance system, including any funding adjustments to account for student demographics. The commission would be abolished January 8, 2019.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect on the 91st day after the last day of the special session.

**SUPPORTERS
SAY:**

CSSB 16 would begin the process of overhauling an outdated school finance system that the Texas Supreme Court in 2016 said was in need of "transformational, top-to-bottom reforms." The last major reform of the current system, undertaken in 2006, provided only temporary relief to schools and taxpayers, and its limitations are constraining school districts from improving instructional programs.

The commission could start with a clean slate and design a system that considers appropriate funding levels to meet the varying characteristics of Texas students and school districts. Rather than addressing a few aspects of the system with temporary fixes, the commission could take a holistic look at how much money is needed, how to finance the system, and how to spend the revenue to meet requirements of the Texas Constitution and ensure a more sustainable school finance system. While some have called for an immediate infusion of money to address certain aspects of the current system, simply spending more money does not guarantee better schools.

The 15-member commission established by the bill would include legislators, educators, and taxpayers who would have time and resources during the interim to study this complex subject. The commission also could examine whether schools were allocating their resources efficiently to improve student learning by directing spending to classroom instruction rather than to administration. It is important to include a representative of the business community because that community would be critical to building support for funding and tax reforms.

OPPONENTS
SAY:

CSSB 16 would create yet another study of a school finance system whose deficiencies are widely known and could be addressed immediately. Now is the time for action to increase the state's share of education funding. Boosting state funding would help improve student learning and provide relief to local taxpayers who have been paying an increasing share of the cost for public schools in recent years.

The commission's effort could end up like many past legislative studies on school finance and other education issues, which have produced recommendations that were not implemented by the Legislature. It also is unclear whether the commission would be sufficiently independent to adopt solutions that might be controversial among some constituencies.

OTHER
OPPONENTS
SAY:

CSSB 16 should include more specific directions for the commission to develop recommendations on issues such as funding for high-quality prekindergarten and students with disabilities. The commission should be required to recommend updates to the outdated cost-of-education adjustment to ensure districts have funding to address issues related to their specific circumstances, including geographic isolation or high concentrations of poverty.

NOTES:

A companion bill, HB 191 by P. King, was left pending following a public hearing of the House Committee on Public Education on August 1.

The House committee substitute differs from the Senate-passed bill in that CSSB 16 would:

- include 15 commission members, rather than 13;
- remove a requirement that a member of the State Board of Education sit on the commission;
- require members appointed by the governor to have a background in public education and to include a school administrator and a person with a substantive background in state and local taxation;
- require the presiding officer of the standing committee of each chamber with jurisdiction over public education or a representative of the presiding officer to be included among the appointments of the lieutenant governor and House speaker; and

- remove the requirement for the governor to appoint a current or retired classroom teacher and instead require that the speaker and lieutenant governor each appoint a current or retired classroom teacher with at least 10 years of teaching experience and stipulate that one of them must have a specialty in special education, bilingual education, or career and technology education.

SUBJECT: Continuing the maternal mortality task force and expanding its duties

COMMITTEE: Public Health — favorable, without amendment

VOTE: 9 ayes — Price, Sheffield, Arévalo, Burkett, Coleman, Collier, Klick,
Oliverson, Zedler

0 nays

2 absent — Cortez, Guerra

SENATE VOTE: On final passage, July 25 — 31-0

WITNESSES: *On House companion bill, HB 9:*

For — (*Registered, but did not testify:* Lisa Hollier, American Congress of Obstetricians and Gynecologists-Texas District, Texas Association of Obstetricians and Gynecologists, Texas Children's Hospital; Juliana Kerker, American Congress of Obstetricians and Gynecologists-Texas District, Texas Association of Obstetricians and Gynecologists; Shelby Massey, American Heart Association; Marisa Finley, Baylor Scott & White Health; Jason Sabo, Children at Risk; Cheasty Anderson, Children's Defense Fund-Texas; Stacy Wilson, Children's Hospital Association of Texas; Jessica Follett, CHRISTUS Health; Andrea Garcia, League of Women Voters-TX; Nora Del Bosque, March of Dimes; Christine Yanas, Methodist Healthcare Ministries of South Texas; Heather Busby, NARAL Pro-Choice Texas; Greg Hansch, National Alliance on Mental Illness (NAMI) TX; Will Francis, National Association of Social Workers-Texas Chapter; Katie Astoria, Elaine Cavazos, and Donna Kreuzer, Pregnancy and Postpartum Health Alliance of Texas; Adriana Kohler, Texans Care for Children; Gwen Daverth, Texas Campaign to Prevent Teen Pregnancy; Ryan Valentine, Texas Freedom Network; Sara Gonzalez, Texas Hospital Association; Andrew Cates, Texas Nurses Association; Clayton Travis, Texas Pediatric Society; Leah Gonzalez, Texas Women's Healthcare Coalition; Jennifer Allmon, the Texas Catholic Conference of Bishops; John Burleson, Travis County Resistance; Knox Kimberly, Upbring; Maggie Jo Buchanan, Young Invincibles; and six individuals)

Against — (*Registered, but did not testify*: Fatima Mann, Counter Balance Foundation)

On — (*Registered, but did not testify*: Manda Hall, Department of State Health Services; Lesley French and Jami Snyder, Health and Human Services Commission)

BACKGROUND: Health and Safety Code, ch. 34 governs the Maternal Mortality and Morbidity Task Force, which is administered by the Department of State Health Services (DSHS). Under sec. 34.018, the task force is subject to the Texas Sunset Act and scheduled to expire on September 1, 2019. Sec. 34.005 requires the task force to:

- study and review cases of pregnancy-related deaths and trends in severe maternal morbidity;
- determine the feasibility of studying cases of severe maternal morbidity; and
- make recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity.

Under sec. 34.007, DSHS must randomly select cases for the task force to review that reflect a cross-section of pregnancy-related deaths. DSHS also is required to analyze aggregate data of severe maternal morbidity to identify any trends. Sec. 34.015 requires DSHS and the task force to submit a biennial joint report to certain state officials, legislative committees, and state professional associations and organizations.

DIGEST: SB 17 would continue the Maternal Mortality and Morbidity Task Force until September 1, 2023.

Duties of task force. The bill would expand the duties of the task force to include the study and review of:

- rates or disparities in pregnancy-related deaths and severe maternal morbidity;
- health conditions and factors that disproportionately affect the most at-risk population as determined in the joint biennial report by the

task force and the Department of State Health Services (DSHS);
and

- best practices and programs operating in other states that have reduced rates of pregnancy-related death.

SB 17 also would require the task force to compare the rates of pregnancy-related deaths based on the mother's socioeconomic status and to consult with the Perinatal Advisory Council when making recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in Texas. The recommendations made in consultation with the advisory council would have to be included in the task force's biennial joint report with DSHS.

Analysis and reporting of pregnancy-related death data. When analyzing cases of pregnancy-related death, DSHS could either randomly select cases or select all cases for the task force to review. SB 17 would require DSHS to conduct a statistical analysis of the aggregate data for pregnancy-related deaths and severe maternal morbidity to identify any trends, rates, or disparities. The department also would be required to submit a biennial report by December 1 of each even-numbered year to certain state authorities and legislative committees on processes and procedures for collecting cause of death information, including any challenges to collecting accurate information relating to maternal mortality, as specified in the bill.

SB 17 would require DSHS to consult with the task force to examine national standards for the collection of death information and would allow DSHS to convene a panel of experts to advise the department and task force in developing recommendations for improving the collection of accurate information related to cause of death. This report could be included as part of another DSHS report to the Legislature. The section on death data reporting would expire September 1, 2021.

Maternal health and safety initiative. The bill also would require DSHS, in collaboration with the task force, to create a maternal health and safety initiative. The initiative would promote and facilitate among Texas health care providers the use of informational materials on maternal health and safety, including tools and procedures related to best practices. The

bill would require DSHS to submit a report to the executive commissioner of the Health and Human Services Commission (HHSC) by December 1 of each even-numbered year with a summary of the maternal health and safety initiative's outcomes and recommendations for improving its effectiveness.

Screening and education for substance use. The bill would require the task force to coordinate with DSHS by June 1, 2018, to develop and make educational materials on substance use available to physicians and other individuals licensed or certified in conducting substance use screening of pregnant women. This information would include guidance in best practices for verbally screening pregnant women for substance use and a list of substance use treatment resources throughout the state. DSHS and the task force also would review and promote the use of materials on the consequences of opioid drug use during pregnancy. The information and materials would be available on the DSHS website.

Feasibility study and other requirements. The bill would require HHSC to:

- evaluate options for reducing pregnancy-related deaths, focusing on the most prevalent causes of maternal mortality as identified in the joint biennial report from DSHS and the task force, and for treating postpartum depression in economically disadvantaged women;
- coordinate with DSHS and the task force in identifying strategies to lower costs of providing Medicaid related to severe maternal morbidity and chronic illness;
- coordinate with DSHS and the task force to identify strategies to improve quality outcomes related to the underlying causes of severe maternal morbidity and chronic illness;
- use existing resources, in collaboration with DSHS, to study the feasibility of adding a provider's use of certain best practices in maternal health and safety as a quality indicator for HHSC data and Medicaid quality-based payment purposes; and
- by December 1 of each even-numbered year, submit a report including a summary of the efforts of HHSC and DSHS to

accomplish tasks required by SB 17 related to pregnancy-related deaths, severe maternal morbidity, and postpartum depression, as well as a summary of the maternal health and safety initiative report.

The requirement for HHSC to collaborate with DSHS on a feasibility study related to a maternal health and safety initiative would expire May 1, 2019.

Federal authorization. If a state agency determined that an additional waiver or authorization from a federal agency was necessary to implement a provision of SB 17, the affected agency could delay implementing that provision until it received the waiver or authorization.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect on the 91st day after the last day of the special session.

**SUPPORTERS
SAY:**

SB 17 would help address an increase in maternal mortality and morbidity rates in Texas by continuing the Maternal Mortality and Morbidity Task Force until 2023. Studies have found that Texas has a higher rate of maternal mortality and morbidity than most other states and many industrialized countries. Continuing the task force through 2023 would allow the state to address more directly the causes of pregnancy-related deaths in Texas. By expanding the task force's duties, SB 17 also would implement one of the governor's priorities for the special session.

The Department of State Health Services (DSHS) uses task force findings to decide what kind of public health interventions and prevention initiatives would best prevent maternal mortality and morbidity. It also uses the information to decide how to leverage and target existing programs. Allowing the task force to continue reviewing cases would help DSHS make decisions on prevention programs going forward.

The bill would help combat the effects of postpartum depression, including suicide. Suicide is one of the leading causes of pregnancy-related deaths, and requiring the Health and Human Services Commission to evaluate options for treating postpartum depression in economically

disadvantaged women could lead to improved access to mental and behavioral health screenings before and after childbirth.

The Maternal Mortality and Morbidity Task Force works best as a statewide task force, bringing together physicians, DSHS staff, community advocates, registered nurses, medical examiners, ob-gyns, researchers, nurse-midwives, social workers, and other experts in pregnancy-related deaths to work on this issue. Continuing the task force would demonstrate the importance Texas places on reducing the state's rates of maternal mortality and morbidity.

This bill reflects many proposals to reduce maternal mortality and morbidity that were not in the original Senate version, including making available substance use treatment screenings and educational materials for pregnant women and reporting on best practices in collecting death information.

**OPPONENTS
SAY:**

Continuing the Maternal Mortality and Morbidity Task Force would be unnecessary. A non-governmental entity, such as a private research institution, would be better suited to undertake the functions of the task force.

**OTHER
OPPONENTS
SAY:**

While SB 17 would help reduce the rate of maternal mortality and morbidity in Texas, it should be amended to reflect other proposals that could further improve maternal health, including developing guidelines to reduce the number of unnecessary cesarean section procedures performed in the state, addressing domestic violence, reporting on the number of providers in the state's family planning programs, continuing Medicaid for a year following an involuntary miscarriage, expanding health benefit plan coverage to include maternal morbidity and severe maternal morbidity, and implementing a strategic plan to improve access to postpartum depression screening.

NOTES:

According to the Legislative Budget Board, SB 17 would have a negative impact to general revenue related funds of \$475,349 during fiscal 2018-19 due to additional staff costs and other expenses.

A companion bill, HB 9 by Burkett, was approved by the House on August 1.